

COMMUNITY SERVICES DEPARTMENT
CLASS PROPOSAL FORM

(Please fill out completely. Submit proposal form to the Recreation Manager of the Community Services Department upon completion. All proposals must be signed or they will not be considered)

CONTACT INFORMATION

Name: _____

Name of Business/Organization: _____

Address: _____

City: _____ State: _____ Zip: _____

Cell Phone: _____ Work Phone: _____

Email: _____ Website: _____

CLASS INFORMATION

Who will teach this class? _____

What is your instructor experience?

Do you have a CPR & First Aid certification card? ☐ Yes ☐ No

If yes, please provide Company Name: _____

Instructor Name: _____

Expiration Date: _____

MARKETING INFORMATION

Title of the Class: _____

Description: (Maximum of 50 words)

Duration of Class:

(ex. 1x/week, 3x/week, one time) _____

Day (s): _____

Start Time: _____

End Time: _____

Location: _____

Age Range: _____

Participant Fees:

To Be Determined By The City of Maricopa

PROGRAM DETAILS

Goal: Why is this program needed?

Objectives: What will participants gain from this program?

Expenses: Please list all expenses related to the program for the duration of a session.

Revenue: What is your expected range of revenue for a session?

Preferred Participant Minimum and Maximum: _____

(City reserves the right to change class minimum and maximums)

Copper Sky: Would you like your class to take place at the multigenerational center?

☐

Yes

☐

No

(There is no guarantee your class will take place in to the Copper Sky Center)

Signature: _____

Date: _____

(Please attach a list of 2 professional references with names and complete contact information)

If you have any additional questions, please contact the Community Services Department at: 520-316-6960

Please return the class proposal form to Nikita Rossow at nikita.rossow@maricopa-az.gov or at Community Services Department at 39700 W Civic Center Plaza, Maricopa AZ 85138.